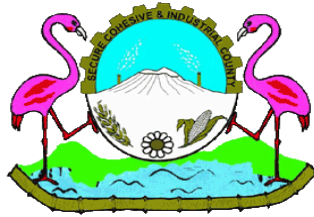


COUNTY GOVERNMENT OF NAKURU



COUNTY ASSEMBLY OF NAKURU  
THIRD ASSEMBLY -FIRST SESSION

**APPLICATION FORM FOR THE POSITION OF DEPUTY SPEAKER**

Please complete all sections of this form as appropriate in **BLOCK** letters and submit to the Clerk, County Assembly of Nakuru, Ugatuzi Plaza P.O Box 907-20100 Nakuru, (Attach copies of certificates, Curriculum Vitae and testimonials).

1. Vacancy Deputy Speaker of the County Assembly

Member of County Assembly

2. Personal Detail of the Applicant

Name: Title: .....  
(Surname) First Name Other Name(s): (Prof/Dr/Mr/Mrs/Miss/Ms/Rey)  
Date of Birth ID No: ..... PIN.NO : ..... Gender: Male   
Female   
(dd-mm-yyyy)  
Postal Address: ..... Code: .....  
Town / City: .....  
Telephone No: ..... Mobile No: .....  
E-mail address: .....  
Physical Address: .....  
.....  
Constituency . .... Polling Centre and Code ....  
.....

Other Personal Details

Have you ever been convicted of any criminal offence or a subject of probation order? Yes  No   
If Yes, state nature of offence, the year and duration of conviction. ....  
.....  
Have you ever been dismissed or otherwise removed from employment? Yes  No   
If Yes, State reason (s) for dismissal/removal. ....  
..... effective date .....  
(dd-mm-yyyy)

*(Declaring t/le above information will not necessarily debar an applicant from employment in the Public Service. Each case will be considered on its own merit)*

Our Tel+ 254 721590098 or E-mail: clerk@assembly.nakuru.go.ke

**4 Academic and Professional Qualifications. (Starting with the Highest)**

| Year |    | University/<br>High School | Award/Attainment<br>(e.g. Masters,<br>Bachelors, Degree,<br>KCSE) | Course/Programme<br>(e.g. PhD, MSc, BA,<br>O'Level) | Specialization/Subject<br>(e. g Econ, Maths,<br>Sociology e.t.c) | Class/Grade |
|------|----|----------------------------|---|---|--|-------------|
| From | To |                            |   |   |  |             |
|      |    |                            |   |   |  |             |
|      |    |                            |   |   |  |             |
|      |    |                            |   |   |  |             |
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|      |    |                            |   |   |  |             |
|      |    |                            |   |   |  |             |
|      |    |                            |   |   |  |             |

**5. Employment Details - where applicable (starting with the current or most recent)**

| Year                     |                        | Designation/ Position | Ministry/State Department/<br>Institution/ Organization |
|--------------------------|------------------------|-----------------------|---|
| From<br>(dd-mm-<br>yyyy) | To<br>(dd-mm-<br>yyyy) |                       |   |
|                          |                        |                       |   |
|                          |                        |                       |   |
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|                          |                        |                       |   |
|                          |                        |                       |   |
|                          |                        |                       |   |

**8. Declaration**

I certify that the particulars given on this form are correct and understand that any incorrect /misleading information may lead to disqualification and/or legal action.

Date: .....  
(dd-mm-yyyy)

.....  
Signature of the Applicant

The application **MUST** be accompanied by the following documents;

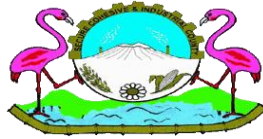
**NB: THE DOCUMENTS TO ACCOMPANY APPLICATIONS\***

1. copy of National Identity Card or Passport
2. A duly filled nomination form
3. Curriculum Vitae(CV)

**MANDATORY\***

\*

COUNTY GOVERNMENT OF NAKURU



COUNTY ASSEMBLY OF NAKURU  
THIRD ASSEMBLY -FIRST SESSION

**NOMINATION PAPER FOR ELECTION TO THE OFFICE OF DEPUTY SPEAKER OF THE COUNTY ASSEMBLY**

1. **Candidate** (a) First Name.....
- (b) Other Names.....
- (c) National Identity Card or Passport Number.....
- (d) Gender.....
- (e) Date of Birth.....
- (f) Postal Address.....
- (g) Physical Address.....
- (h) E-mail Address.....
- (i) Phone Number.....
- (j) Mobile Number.....
- (k) Occupation.....

2. **Nomination Supported by:-**

We the undersigned, being Members of the County Assembly of Nakuru do hereby certify to the best of our knowledge that the candidate named above qualifies to be such and is willing to serve as the Deputy speaker of the Nakuru County Assembly.

| No. | Name | Signature |
|-----|------|-----------|
| 1.  |      |           |
| 2.  |      |           |
| 3.  |      |           |
| 4.  |      |           |
| 5.  |      |           |
| 6.  |      |           |
| 7.  |      |           |
| 8.  |      |           |

**CANDIDATES CONSENT TO NOMINATION**

I, do hereby consent to my nomination as a candidate for election as Deputy speaker of the Nakuru County Assembly and attach herewith my curriculum vitae.

Signature of Candidate..... Date.....

**Notes**

\*A nomination paper must be delivered duly completed by the candidate and proposed by two members of the County Assembly to the Clerk at his/her office at least Twenty –four (24) hours before the time appointed at which House is to meet elect a Deputy Speaker.

The candidate must also ensure that He/ She meet the requirements below

|  |
|--|
| The candidates must be a member of County Assembly |
|--|

**CERTIFICATION OF THE CLERK OF THE COUNTY ASSEMBLY**

I certify that this nomination paper was delivered to me at my office

by.....

At .....a.m. /p.m. on .....day of ..... 2022

Signature of the Clerk.....

Clerk of the County Assembly of Nakuru.

**IN THE MATTER OF THE OATHS AND STATUTORY DECLARATION ACT (CHAPTER 15 OF THE LAWS OF KENYA) AND IN THE MATTER OF THE ELECTION OF DEPUTY SPEAKER OF THE COUNTY ASSEMBLY**

**AFFIDAVIT OF CANDIDATE FOR ELECTION AS DEPUTY SPEAKER OF THE COUNTY ASSEMBLY**

1. **I, (name)** .....of P.O Box .....  
In the republic of Kenya hereby make oath and state as follows,
2. **THAT** I am an adult Kenyan citizen of sound mind and the holder of National Identity Card/Passport Number.....and competent to swear this Affidavit.
3. **THAT** I have been nominated to stand for election to the office of Deputy speaker of the County Assembly.
4. **THAT I** swear this affidavit in support of my nomination to stand for election to the office of Deputy Speaker of the County Assembly.
5. **THAT what** is deponed hereto is true to best of my knowledge, information and belief.

**SWORN AT.....this .....day of.....2022**

**By the SAID (name) ..... (Signature).....**

**BEFORE ME.....**

**(JUDGE/MAGISTRATE, COMMISSIONER FOR OATHS)**